

PUNCHED
VERIFIEDARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

3508

CERTIFICATE OF DEATH

REGISTRAR'S NO.

136

PLACE OF DEATH
AND
USUAL RESIDENCEPRECEDENT
PERSONAL
DATA334X
CAUSE
OF
DEATH
(ITEM 18)OPERATIONS,
AUTOPSYMEDICAL
CERTIFICATION
1399
DEATH
DUE TO
EXTERNAL
VIOLENCECORONER'S
CERTIFICATIONFUNERAL
DIRECTOR
AND
REGISTRAR

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY

Maricopa

B. LENGTH OF STAY

IN THIS TOWN

IN ARIZONA

10 yrs

10 yrs

2. USUAL RESIDENCE

A. STATE Arizona

(WHERE DECEASED LIVED,

IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

B. COUNTY Maricopa

C. CITY

OR

TOWN

Glendale

☒ IN CITY LIMITS☐ OUTSIDE CITY LIMITS

C. CITY

OR

TOWN

Glendale

☒ IN CITY LIMITS☐ OUTSIDE CITY LIMITSD. FULL NAME OF
HOSPITAL OR
INSTITUTION Thunderbird Convalescent Home

D. STREET (IF RURAL, GIVE LOCATION) ADDRESS

W. Glenn Dr

YES ☐ NO ☒

3. NAME OF

DECEASED
(TYPE OR PRINT)

REBECCA

B. (MIDDLE)

FRANCES

C. (LAST)

ALEXANDER

4. SEX

FE

5. COLOR OR RACE

white

6A. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (SPECIFY)

widowed

6B. NAME OF SPOUSE

7. DATE OF BIRTH

MONTH

DAY

YEAR

May

9

1866

8. AGE (IN YEARS

LAST BIRTHDAY)

96

IF UNDER 1 YEAR

MONTHS

11

DAYS

2

IF UNDER 24 HRS.

HOURS

MIN.

9A. USUAL OCCUPATION (GIVE KIND OF

WORK DURING MOST OF LIFE EVEN IF RETIRED)

housewife

9B. KIND OF BUSI-
NESS OR INDUSTRY
home

10. BIRTHPLACE (STATE

OR FOREIGN COUNTRY)

Ohio

11. CITIZEN OF WHAT
COUNTRY?

USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES?
(YES, NO, OR UNKNOWN)

No

13. SOCIAL SECURITY
NO.

none

14A. FATHER'S NAME

William Cockrill

14B. BIRTHPLACE

(STATE OR COUNTRY)

Virginia

15A. MOTHER'S MAIDEN NAME

Elvira Creivston

15B. BIRTHPLACE

(STATE OR COUNTRY)

Ohio

16. INFORMANT'S SIGNATURE

ADDRESS

Elva W. Alexander, Glendale, Arizona

17. DATE

OF
DEATH

(MONTH)

April 11, 1963

(DAY)

(YEAR)

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER
LINE FOR (A), (B), (C).†THIS DOES NOT MEAN THE
MODE OF DYING, SUCH AS
HEART FAILURE, ASTHENIA,
ETC. IT MEANS THE DISEASE,
INJURY, OR COMPLICATION
WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH†ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE
CAUSE (A) STATING THE UN-
DERLYING CAUSE LAST.II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

(A) Cerebral arteriosclerosis

DUE TO (B) Generalized arteriosclerosis

DUE TO (C)

INTERVAL BETWEEN
ONSET AND DEATH

years

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3-16, 1963, TO 4-11, 1963, THAT I LAST SAW THE DECEASED
ALIVE ON 4-5, 1963, AND THAT DEATH OCCURRED AT 2:08 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE

(DEGREE OR TITLE)

22B. ADDRESS

22C. DATE SIGNED

23A. ACCIDENT
SUICIDE
HOMICIDE
NATURAL CAUSE

(SPECIFY)

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME,
FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME (MONTH) (DAY) (YEAR) (HOUR)
OF
INJURY23E. INJURY OCCURRED
WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

25A. BURIAL ☐
CREMATION ☒ REMOVAL

25B. DATE

4/15/63

25C. NAME OF CEMETERY OR CREMATORY

Southlawn Memorial Park

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

Tucson, Arizona

26A. DATE REC.
BY LOCAL REG.

4-13-63

26B. REGISTRAR'S SIGNATURE

Margaret Carrier, Deputy

27A. FUNERAL DIRECTOR'S SIGNATURE

Robert F. Lundberg

27B. ADDRESS

Glendale, Arizona

28A. EMBALMER'S SIGNATURE

Robert F. Lundberg

28B. EMBALMER'S
CERT. NO.

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